

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name City of Lemon Grove		Date Stamp RECEIVED JAN 29 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		CITY MANAGER DEPARTMENT	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 25.00

Event Description: Women of Color ROAR Date(s) 02 / 03 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Democratic Women's Club of San Diego
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Vasquez, Racquel, Mayor	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lydia Romero	City Manager	01 - 29 - 18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____